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# Midwest Preferred Mutual Insurance Company

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## Loss Notice

Date/Time Reported \_\_\_\_\_ Date/Time of Loss \_\_\_\_\_

Insured Name \_\_\_\_\_ Agency \_\_\_\_\_

Insured Mailing Address \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Policy Number \_\_\_\_\_ Location of Loss \_\_\_\_\_

Cause of Loss: Wind \_\_\_\_\_ Hail \_\_\_\_\_ Fire \_\_\_\_\_ Smoke \_\_\_\_\_ Lightning \_\_\_\_\_ Theft \_\_\_\_\_ Other \_\_\_\_\_

Details of Loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Use Only:** Credit Score(s) \_\_\_\_\_ / \_\_\_\_\_ Payment History \_\_\_\_\_ Note Screen \_\_\_\_\_

A-Plus Claims \_\_\_\_\_

MPMIC Claims \_\_\_\_\_

Claim # \_\_\_\_\_ Reserve Amount \_\_\_\_\_ Label \_\_\_\_\_ Policy/Claim Files Reviewed \_\_\_\_\_